

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		<i>6/20</i>
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	<i>32</i>	<i>6/20</i>
FORMALITY REVIEW	<i>[Signature]</i>	<i>JC645</i>	<i>7-28-00</i>
RESPONSE FORMALITY REVIEW	<i>[Signature]</i>	<i>10080</i>	<i>1/16/07</i>

Best Available Copy

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

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If more than 150 claims or 10 actions  
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